

Youth Faith Formation Registration

Contact Parish Office or StMaryFormation@mwt.net with Questions

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Primary Guardian (if different) _____ Phone: _____

Home Address: _____

City/Zip: _____ Email: _____

Circle: Catholic? **FATHER:** Yes No **MOTHER:** Yes No

Which Parish do you belong to? **ABVM, Viroqua** or **St. Mary, Coon Valley**

Emergency Contact: _____ Phone: _____

All students registering for classes must be registered members of the parish

List children enrolling in RE classes (Pre-K – 12th Grade)

Name: First Name & Last (If different from above)	Grade this Fall	School Name	Birthdate	Baptized Catholic?	Received First Communion?	Been Confirmed?	Sacramental Prep this year?	Was Baptism at current parish?	Special Needs?

If you marked special needs (medical, learning, physical) please explain:

Tuition: \$35/Family

See **PHOTO/MEDIA RELEASE** form on next page

Date _____ Total Paid/Cash or Check# _____ Balance Due _____

PHOTO/MEDIA RELEASE

I understand that my consent grants the parish, The Annunciation of the Blessed Virgin Mary – Viroqua, the right to use, reproduce, and/or distribute photographs, videotapes, and sound recordings of my son(s) and/or daughter(s) for use in materials they may create. (Parish web site, parish bulletin, newsletters, etc.)

I give consent to have my child/ren's photo/media released.

I do not give consent to have my child/ren's photo/media released.

Parent signature _____ Date _____

I rescind my consent to have my child/ren's photo/media released.

Parent signature _____ Date _____